PTO/5B/81 (09-03) PTC/SB/81 (09-03)
Approved for use through 11/30/2005, OMB 0951-0035
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Application Number Filing Date **POWER OF ATTORNEY** September 18, 2003 First Named Inventor Chen et al. Title INTELLIGENT MODILAR SERVER MANAGEMENT BYSTEM FOR SELECTIVE OPERATING AND LOCATING A PLURALITY OF COMPUTERS **CORRESPONDENCE ADDRESS** Art Unit 2153 INDICATION FORM **Examiner** Name TBD Attorney Docket Number 644-030 I hereby appoint: Practitioners associated with the Customer Number: OR Practitioner(s) named below: Registration Number John F. Ward 33.811 John W. Olivo, Jr. 35,634 David M. HIII 46,170 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: Firm or Individual Name Ward & Olivo Address 708 Third Avenue Address City New York State **New York** Zlp 10017 Country U.S.A. Telephone (212) 697-6262 Fax (212) 972-5866 am the: ~ Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Alan Chen Signature Oate Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. "Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time yeu require to complete his form and/or suggestions for reducing thus burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2211-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PYC/S8/81 (09-03)

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Application Number 10/887-423 PYO/S6/81 (09-03) Filing Date POWER OF ATTORNEY September 18, 2003 First Named Inventor Chen et al. and Title INTELLIGENT MODULAR SERVER MANACEMENT SYSTEM FOR BELECTIVE OPERATING AND LOCATING A PLURALITY OF COMPUTERS **CORRESPONDENCE ADDRESS** Art Unit 2153 INDICATION FORM Examiner Name TBD **Attorney Docket Number** 644-030 I hereby appoint: Practitioners associated with the Customer Number: **OR** Practitioner(s) named below: Name Registration Number John F. Ward 33,811 John W. Olivo, Jr. 35,634 David M. Hill 46,170 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Ward & Olivo Address 708 Third Avenue Address Clty New York State New York 10017 Country U.S.A. Telephone (212) 697-6262 Fax (212) 972-5866 am the: 1 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name David Hsieh Signature Pavid Hsieh Date Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. 1

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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

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| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | 10/667,132 | |
| | Filing Date | September 18, 2003 | |
| | First Named Inventor | Chen et al. | |
| | Title | MYELUGENT MODULAR SERVER MANAGEMENT SYSTEM FOR SELECTIVEL OPERATING AND LOCATING A PLURALITY OF COMPUTERS | |
| | Art Unit | 2153 | |
| | Examiner Name | TSD | |
| | Attorney Docket Number | 644-030 | |

| I hereby appoint: | | | | | | | |
|---|----------------------------|--------------------|---------|--|-----------|--|--|
| Practitioners associated with the Customer Number: | | | | | | | |
| OR | | | | | | | |
| Practitioner(s) named below: | | | | | | | |
| | Name | | | Registration Number | | | |
| J | John F. Ward | | | 33,811 | | | |
| Je | John W. Oliva, Jr. | | | 35,634 | | | |
| 0 | David M. Hill | | | 46.170 | | | |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. | | | | | | | |
| Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: | | | | | | | |
| OF | ? | | ~~·· | | | | |
| The address associated with Customer Number: | | | | | | | |
| OR | | | | | | | |
| <u>v</u> | Firm or Individual Name | Ward & Olivo | | | | | |
| | dress | 708 Third Avenue | | | | | |
| Cit | dreas | | 1 50-1- | 1 | | | |
| | untry | New York U.S.A. | State | New York | Zip 10017 | | |
| | lephone | (212) 697-6262 Fax | | (212) 972-5868 | | | |
| I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | |
| Name | Tomy Kan | | | ······································ | | | |
| Signature | Tony Kors | | | | | | |
| Date | taleprione | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | |
| *Total of 3 forms are submitted. | | | | | | | |

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